

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154660

FILED
May 24, 2007
Secretary of State

Entity Name: OVID & SONS TRUCKING INC.

Current Principal Place of Business:

13026 PRAIRIE MEADOWS DR
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

13026 PRAIRIE MEADOWS DR
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 56-2629226 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: GOPAUL, VIDYA
Address: 13026 PRAIRIE MEADOWS DR
City-St-Zip: ORLANDO, FL 32837

Title: T () Delete
Name: GOPAUL, VIDYA
Address: 13026 PRAIRIE MEADOWS DR
City-St-Zip: ORLANDO, FL 32837

Title: O () Delete
Name: GOPAUL, OVID
Address: 13026 PRAIRIE MEADOWS DR
City-St-Zip: ORLANDO, FL 32837

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 0 () Change (X) Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N N/A

Title: 0 () Change (X) Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N N/A

Title: 0 () Change (X) Addition
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N N/A

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIDYA GOPAUL

T

05/24/2007

Electronic Signature of Signing Officer or Director

_____ Date